# Application Data Sheet Under 37 C.F.R. § 1.76

## **Application Information**

Secrecy Order in Parent Appl.?::

| Application number::             |  |
|----------------------------------|--|
| Filing Date::                    |  |
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested classification::       | •  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None   |
| Number of CD disks::             |  |
| Number of copies of CDs::        |  |
| Sequence submission?::           |  |
| Computer Readable Form (CRF)?::  |  |
| Number of copies of CRF::        |  |
| Title ::                         | GENERIC USER INTERFACE TESTING FRAMEWORK WITH RULES-BASED WIZARD |
| Attorney Docket Number::         | BEAS-01514US0  |
| Request for Early Publication?:: |  |
| Request for Non-Publication?::   |  |
| Suggested Drawing Figure::       | 5  |
| Total Drawing Sheets::           | 5  |
| Small Entity?::                  |  |
| Latin name::                     |  |
| Variety denomination name::      |  |
| Petition included?::             |  |
| Petition Type::                  |  |
| Licensed US Govt. Agency::       |  |
|                                  |  |

### **Applicant Information**

State or Province of mailing address::

Postal or Zip Code of mailing address::

Country of mailing address::

**Applicant Authority Type:**:

| Primary Citizenship Country::           | China                   |  |  |
|---|-------------------------|--|--|
| Status::                                | Full Capacity           |  |  |
|   |                         |  |  |
| Given Name::                            | Zhibin                  |  |  |
| Middle Name::                           |                         |  |  |
| Family Name::                           | Wang                    |  |  |
| Name Suffix::                           |                         |  |  |
| City of Residence::                     | Woburn                  |  |  |
| State or Province of Residence::        | MA                      |  |  |
| Country of Residence::                  | US                      |  |  |
| Street of mailing address::             | 2315 North First Street |  |  |
| City of mailing address::               | San Jose                |  |  |
| State or Province of mailing address::  | CA                      |  |  |
| Country of mailing address::            | US                      |  |  |
| Postal or Zip Code of mailing address:: | 95131                   |  |  |
|   |                         |  |  |
|   |                         |  |  |
| Correspondence Information              |                         |  |  |
| Correspondence Customer Number ::       | 23910                   |  |  |
| Name::                                  |                         |  |  |
| Street of mailing address::             |                         |  |  |
| City of mailing address::               |                         |  |  |

Inventor

Phone number::

415-362-3800

Fax Number:

415-362-2928

E-Mail address::

officeactions@fdml.com

#### **Representative Information**

| Representative Customer | 22010 |  |
|-------------------------|-------|--|
| Number::                | 23910 |  |

#### **Domestic Priority Information**

| Application ::   | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--|----------------------|----------------------|
| This application | An application claiming the benefit under 35 U.S.C. 119(e) |                      |                      |
|                  |  |                      |                      |

#### **Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |

#### **Assignee Information**

Assignee name::

BEA SYSTEMS, INC.

Street of mailing address::

2315 North First Street

City of mailing address::

San Jose

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

95131